



BELLINGEN GOLF CLUB

admin@bellinggolfclub.com.au

ABN 25 001 018 819

P O Box 123 BELLINGEN NSW 2454

Phone: 02 6655 1312 Fax: 02 6655 0251



MEMBERSHIP DATA UPDATE FORM

Please note **all fields** are important and will ensure we are able to better assess the make-up of our membership and effectively target your needs. The 'date of birth' is a requirement for all Members.

Current Class of Membership:

(Mr / Mrs / Ms / Miss / Mast / Dr / Other)

First Name Known as.....

Surname Middle Initials

Address.....

Suburb Postcode

Telephone: Home Business

Fax Mobile

E-Mail

Occupation

Left/Right Handed Date of Birth...../...../.....

Home Club for Handicapping if not Bellingen.....

Golflink Number for Handicapping if not Bellingen

Emergency Family Contact Information:

Name (**Print First and Surname**)

Relationship (i.e. Wife, Son, Friend)

Phone Number (for emergency contact)

Written Consent to Receive Club 'Notices' via Email

Where permissible, and under the guidelines set out in the Clubs Constitution, I hereby give the Club authority to send future 'Notices' via email transmission to my email address provided above.

SignedDate/...../.....

The Bellingen Golf Club maintains all membership information in line with it's Privacy Policy.
A copy of this policy may be obtained upon application to the office.

OFFICE USE ONLY

Posted to Slice